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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 122400001		CITY OR TOWN	SPENCER		
APPLICATIO	N FOR RENEWAL:	Annual	Annual LICENSED FOR 2			
		CLASS		YEAR		
LICENSEE NA	AME: GRANVILLE	E'S PUB, INC				
DOING BUSIN	NESS A GRANVILI	LE'S PUB				
ADDRESS 40	CHESTNUT ST.					
CITY/TOWN:	SPENCER	STATE: MA	ZIP CODE:	01562		
MANAGER:	ROBERTSON, JEANNE M.	TYPE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol		
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS			
	N OF LICENSED PR					
STAIRWAY F	ROM OUTSIDE OF FL. 2ND FL. HAS F	ANCES; 2ND FL-STAIRV BLDG. RESTROOMS ON UNCTION RM; CELLAR	N FIRST FL. REAR	, BAR ON 1ST FL. &		
I hereby certify	and swear under per	alties of perjury that:				
1. the	renewed license will	be of the same type for the	same premises now	licensed;		
2. the	licensee has complied	l with all laws of the Comn	nonwealth relating to	taxes; and		
3. the	premises are now ope	en for business (If not expla	in below)			
SIGNED BY:	Individual, Pa	artner or Authorized Corpo	rate Officer			
DATE:	TELEP	HONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:		
			(Note: NOT Ind	lividual Social Security Number)		
Acts of 2004,	signed by the buildi	re are in possession (1) the ng inspector and the head quor liability insurance re	of the fire departi	ment for the above named		
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY		
APPROVED:			By:			
Of disapproved						
(If disapproved	i expiaiii)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 122400002		CITY OR TOW	N SPENCER	
APPLICATION FO	R RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ETHIER'S CAFÉ	É INC.			
DOING BUSINESS	A EHTIER'S CAI	ŦÉ			
ADDRESS 52 CHE	STNUT ST.				
CITY/TOWN: SPE	ENCER	STATE: MA	ZIP CODE:	01562	
	VROS, T ARLENE M.	YPE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
1ST FLOOR-2 ROC	OMS, CELLAR FO	R STORAGE.			
I hereby certify and	•				
		of the same type for the	-		
2. the licens	see has complied wi	th all laws of the Comm	nonwealth relatin	g to taxes; and	
3. the premi	ises are now open for	or business (If not expla	in below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
		re in possession (1) the			
, 0	•	nspector and the head or liability insurance r	_		
Please Check Below:			LOCALLICE	NSING AUTH	ORITY
APPROVED:			By:	. 1011 10 110 111	
DISAPPROVED: [•		
(If disapproved expl	ain)		-		
D 4 mg					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122	400005		CITY OR TOWN	SPENCER	
APPLICATION FOR REI	NEWAL:	Annual CLASS	LICEN	NSED FOR 20	O13 YEAR
LICENSEE NAME: CH DOING BUSINESS A M ADDRESS 117 MAIN ST	EXICALI GRILL	NC			- 2- 2-
CITY/TOWN: SPENCE	R	STATE: MA	ZIP CODE:	01562	
MANAGER: PEREZ, M	IIGUEL A.TYPE	OF LICENSE: Re	estaurant C	CATEGORY:	All Alcohol
		SITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF LICE TWO STORY: 1ST FLOO BATHROOM, NEW EXT SEATING, FULL BARAI	OR IS 1700 SQFT TENTION ADDIT	C 2ND FLOOR 15 NG 1400SQFT TO	2ND FLOOR INC	CLUDING TA	
	ense will be of the complied with a	e same type for the	e same premises nov monwealth relating lain below)		
SIGNED BY:	ividual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned, att Acts of 2004, signed by t license and (2) the certif	he building insp	ector and the hea	d of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 122400006		CITY OR TOWN SPENCE	R		
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013		
		CLASS		YEAR		
LICENSEE NAME:	NEW FORTUNES	, INC.				
DOING BUSINESS	A CHEF SAU					
ADDRESS 148 MA	IN ST.					
CITY/TOWN: SPE	ENCER	STATE: MA	ZIP CODE: 01562			
MANAGER: WO	NG, MICHAEL TYP	PE OF LICENSE: Rest	caurant CATEGORY	: All Alcohol		
EMAIL ADDRESS:						
		EBSITE AND ENTER YOUR EM	AIL ADDRESS			
	LICENSED PREMIS					
2 ROOMS, 2 REST	ROOMS, CELLAR F	OR STORAGE.				
• •	swear under penalties					
		* *	same premises now licensed;			
	•		onwealth relating to taxes; and			
3. the premi	ises are now open for	business (If not explain	in below)			
SIGNED BY:	Indiaideal Doctors	A4h 1 C	orte Officer			
	maividuai, Partner	or Authorized Corpor	rate Officer			
DATE						
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
			(1000. 1001 Individual Social	Security Number)		
			certificate required by Chap			
, 0	· ·	_	of the fire department for the			
ncense and (2) the	ceruncate of fiquor	nability insurance re	quired by Chapter 116 of the	e Acts of 2010.		
Please Check Below:			LOCAL LICENSING AUTH	HORITY		
APPROVED:			By:			
DISAPPROVED: [(If disapproved expl	oin)					
(11 disappioved expi	a111 <i>)</i>					
			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 122400007		CITY OR T	OWN	SPENCER		
APPLICATIO	N FOR RENEWAL:	Annual	Annual I		LICENSED FOR 2013		
		CLASS				YEAR	
LICENSEE NA	AME: GAUDETTE	-KIRK POST#138 IN	C.DEPT. OF AM	ER.LE	G.		
DOING BUSI	NESS A						
ADDRESS 17:	5 MAIN ST.						
CITY/TOWN:	SPENCER	STATE: N	IA ZIP CO	DE:	01562		
MANAGER:	SOUTHWORTH, CAROL	TYPE OF LICENSE	:Veterans club	C	ATEGORY:	All Alcohol	
EMAIL ADDR	RESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS			_	
DESCRIPTION	N OF LICENSED PR	REMISES:					
4 ROOMS ON	FIRST FLOOR, 3 R	OOMS ON SECOND	FLOOR, CELLA	R FOR	R STORAGE	•	
I hereby certify	and swear under per	nalties of perjury that:					
1. the	renewed license will	be of the same type for	the same premise	es now	licensed;		
2. the	licensee has complied	d with all laws of the C	ommonwealth rel	ating to	o taxes; and		
3. the	premises are now ope	en for business (If not	explain below)				
SIGNED BY:							
	Individual, P	artner or Authorized C	orporate Officer				
DATE:	TELEF	PHONE NUMBER:	EMI	PLOYER	R IDENTIFICAT	TION NUMBER:	
			(Note: <u>N</u>	NOT Ind	lividual Social S	ecurity Number)	
W. 4b J) 41	.	. J.b., Cb.,4	204 - 64b -	
		ve are in possession (1 ng inspector and the					
		quor liability insuran					
Please Check Belo	DW:		LOCALL	ICENS	SING AUTH	ORITY	
APPROVED:			By:	102110		01411	
DISAPPROVE	ED:		,				
(If disapproved	l explain)						
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 122400008		CITY OR TOWN	SPENCER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
	SPENCER COUNTY A SPENCER COUNTY N ST.			YEAR
CITY/TOWN: SPEN	NCER	STATE: MA	ZIP CODE:	01562
MANAGER: EKLE PHYI		OF LICENSE: Inn	holder CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS	
	LICENSED PREMISE		LEVEL DANOLES	E LOUNGE A
	OR, 9 ROOMS 2ND F EVEL, OUTSIDE PAT			
2. the license	ed license will be of the see has complied with a see are now open for but the limit of the limi	ll laws of the Comrusiness (If not expla	nonwealth relating to	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	by the building insp	ector and the head	l of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122400010		CI	IY OK TOWN	SPENCER	
APPLICATION FOR	RENEWAL:	Annual		LICEN	NSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	118 ASSN. OF SPE	ENCER INC.				
DOING BUSINESS A	KNIGHTS OF CO	DLUMBUS				
ADDRESS MEADOW	V ST.					
CITY/TOWN: SPEN	CER	STATE: N	ſΑ	ZIP CODE:	01562	
MANAGER: RICE,	DONALD T. TYP	E OF LICENSE	:Club	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YO	UR EMAIL	ADDRESS		_
DESCRIPTION OF LI	CENSED PREMIS	ES:				
1 FLOOR, 6 ROOMS,	2 STORAGE ROO	MS.				
I hereby certify and sw	ear under penalties	of perjury that:				
1. the renewed	d license will be of t	he same type for	the san	ne premises nov	v licensed;	
2. the licensee	has complied with	all laws of the C	ommon	wealth relating	to taxes; and	
3. the premise	s are now open for l	ousiness (If not e	explain b	pelow)		
SIGNED BY:						
	Individual, Partner	or Authorized C	orporate	Officer		
	, , , , , , , , , , , , , , , , , , , ,					
DATE:				EMPLOYE	ED IDENTIFICAT	FION NILIMBED.
DATE.	TELEPHONI	E NUMBER:				FION NUMBER: Security Number)
				(110101 <u>1101</u> II	idividuai Bociai B	recurry (value)
We the undersigned,	attest that we are	in possession (1) the ce	rtificate requi	red by Chapt	er 304 of the
Acts of 2004, signed						
license and (2) the ce	rtificate of liquor l	iability insuran	ce requ	ired by Chapt	er 116 of the	Acts of 2010.
Please Check Below:			I	OCAL LICEN	SING AUTH	ORITY
APPROVED:			Е	Ву:		
DISAPPROVED:						
(If disapproved explain	1)		-			
			-			
			=			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122	400011		CI	IY OK TOW.	N SPENCER	
APPLICATION FOR REM	NEWAL:	Annua	.1	LICE	ENSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: SPE	ENCER FISH & O	GAME CLUB	INC.			
DOING BUSINESS A						
ADDRESS 165 MECHAN	NIC ST.					
CITY/TOWN: SPENCE	R	STATE:	MA	ZIP CODE:	01562	
MANAGER: BLISS, CI	NDY J. TYPE	E OF LICENS	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:]
PLEASI	E ALSO VISIT OUR WEB	SITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF LICE	NSED PREMISE	ES:				
1 STORY BLDGCELLA	AR FOR FURNA	CE, 2 ROOM	S, 2 STO	RAGE ROOM	IS.	
I hereby certify and swear	under penalties o	f perjury that	:			
1. the renewed lic	ense will be of th	e same type f	or the sam	ne premises no	w licensed;	
2. the licensee has	•			_	g to taxes; and	
3. the premises ar	e now open for b	usiness (If no	explain b	pelow)		
SIGNED BY:			_			
Ind	ividual, Partner o	r Authorized	Corporate	e Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
				(Note: NOT	Individual Social S	ecurity Number)
We the undersigned, att	est that we are i	n possession ((1) the ce	rtificate requ	ired by Chant	er 304 of the
Acts of 2004, signed by t	the building insp	ector and the	e head of	the fire depa	rtment for the	above named
license and (2) the certif	icate of liquor lia	ability insura	nce requ	ired by Chap	ter 116 of the	Acts of 2010.
Please Check Below:			L	OCAL LICE	NSING AUTHO	ORITY
APPROVED:			Е	Ву:		
DISAPPROVED:						
(If disapproved explain)			-			
			-			
DATE:			-			
DATE:			_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122400017		CITY OR TOWN	SPENCER		
APPLICATION FO	R RENEWAL:	LICENSED FOR 2013				
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 2 CHES		GE STORE INC				
CITY/TOWN: SPI		STATE: M	A ZIP CODE:	01562		
	LKER, CRAIG TYP				All Alcohol	
		E OF LICENSE.	r ackage Store C.	ATEGORI.	All Alcohol	
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WE	DOUBLE AND ENTED VOI	D EMAIL ADDDESS			
DESCRIPTION OF	LICENSED PREMIS		R EMAIL ADDRESS			
THREE STORY BL		E STORY IN BA	CK; L- SHAPED, FIR	ST FLOOR T	O BE	
I hereby certify and	swear under penalties	of perjury that:				
1. the renev	wed license will be of t	he same type for	the same premises now	licensed;		
2. the licens	see has complied with	all laws of the Co	ommonwealth relating t	o taxes; and		
3. the prem	ises are now open for b	ousiness (If not ex	xplain below)			
SIGNED BY:	Individual, Partner	or Authorized Co	orporate Officer			
D.A.TE						
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER:	
			(116te. <u>1101</u> III	iividaai 50ciai 5	ceurity (vuinteer)	
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED:			-			
(If disapproved expl	ain)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 122400018		CITY OR TOWN	SPENCER			
APPLICATION FOR RENEWAL: Annu			LICENSED FOR 2013				
		CLASS			YEAR		
LICENSEE NAME: DOING BUSINESS A ADDRESS 10 WEST	A	ſS, INC.					
CITY/TOWN: SPEN	NCER	STATE: MA	ZIP CODE:	01562			
MANAGER: LETE A.	ENDRE, ALAN TYF	'E OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol		
EMAIL ADDRESS:							
I	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS				
DESCRIPTION OF I							
5400 SF RETAIL BU	JILDING, NO BASE	MENT, 3 EXITS, N	MEZZANINE FLOO	R			
I hereby certify and sv	wear under penalties	of perjury that:					
1. the renewe	ed license will be of	the same type for the	e same premises now	licensed;			
2. the license	e has complied with	all laws of the Com	monwealth relating to	taxes; and			
3. the premis	es are now open for	business (If not expl	ain below)				
SIGNED BY:							
SIGNED D1.	Individual, Partner	or Authorized Corp	orate Officer				
DATE.							
DATE:	TELEPHON	E NUMBER:			TON NUMBER:		
			(Note: NOT Ind	ividual Social S	ecurity Number)		
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY		
APPROVED:			By:				
DISAPPROVED:							
(If disapproved expla	in)						
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122400019		CITY OR TOWN	SPENCER	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS	}		YEAR
LICENSEE NAME:	DRAKE PETRO	DLEUM CO,INC.			
DOING BUSINESS	A XTRA MART				
ADDRESS 094-96 N	MAIN ST				
CITY/TOWN: SPE	NCER	STATE:	MA ZIP CODE:	01562	
MANAGER: FLOO	ODY, JANET T	YPE OF LICENSE	E:Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		
DESCRIPTION OF		MISES:			
1 FLOOR-3 ROOMS	S.				
I hereby certify and s	wear under penalt	ies of perjury that:			
1. the renew	ed license will be	of the same type fo	r the same premises now	licensed;	
2. the license	ee has complied w	ith all laws of the C	Commonwealth relating to	taxes; and	
3. the premis	ses are now open	for business (If not	explain below)		
SIGNED BY:					
	Individual, Part	ner or Authorized C	Corporate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	IDENTIFICAT	TION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	INC AUTH	
APPROVED:			LOCAL LICENS	ING AUTHO	JRII I
DISAPPROVED:			By:		
(If disapproved expla	nin)				
_					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	22400020		CITY OR TOWN	SPENCER	
APPLICATION FOR F	RENEWAL:	Annual	ual LICENSED FOR 2013		
		CLASS		,	YEAR
LICENSEE NAME: I	DIYA LIQUORS IN	NC.			
DOING BUSINESS A	LIQUOR BARN				
ADDRESS SHOPPER	S VILLAGE, UNIT	Γ4			
CITY/TOWN: SPENO	CER	STATE: MA	ZIP CODE:	01562	
MANAGER: PATEL RAME	., TYP LABAHEN	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	ES:			
2100 SF W/ONE EXIT PARKING LOT. ALT				INTO PLAZ	A
3. the premises	s are now open for t	pusiness (If not exp	·		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1224000	23	CITY OR TOWN	SPENCER	
APPLICATION FOR RENEW	AL: Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: VIJAY C	CONVENIENCE INC.			
DOING BUSINESS A LANEY	'S VARIETY			
ADDRESS 353 EAST MAIN S	T			
CITY/TOWN: SPENCER	STATE: MA	ZIP CODE:	01562	
MANAGER: PATEL, VIJAY	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY: Wine and Malt Regul	ar
EMAIL ADDRESS:				
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSEI	O PREMISES:			
ONE ROOM, ONE STORAGE FOR SALE OF ALCOHOL. 3 I		OM, TWO DRIVE U	P WINDOWS, NOT	
3. the premises are now SIGNED BY:	plied with all laws of the Con v open for business (If not exp	olain below)		
DATE: TE	ELEPHONE NUMBER:		IDENTIFICATION NUMBER	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	2400029		CITY OR TOWN	SPENCER
APPLICATION FOR RE	ENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: ZU	JKAS HILLTOP BA	RN, INC		
DOING BUSINESS A				
ADDRESS 89 SMITHV	ILLE ROAD			
CITY/TOWN: SPENCE	ER S	STATE: MA	ZIP CODE:	01562
MANAGER: ZUKAS,	LYNN TYPE OI	F LICENSE: Inn	holder CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PLEAS	SE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICE	ENSED PREMISES:			
1270 SQ FT RESTAURA 5000 SQ FT PATIO ON A NEW BANQUET WIT EMPLOYEE BATH AN	SOUTHSIDE OF RE TH AN ADDITIONA	ST. ADDITION L BAR AREA.	AL 6000 SQ FT TO	O ACCOMMODATE
I hereby certify and swea	r under penalties of pe	erjury that:		
1. the renewed li	cense will be of the sa	ame type for the	same premises now	licensed;
2. the licensee ha	as complied with all la	ws of the Comn	nonwealth relating to	taxes; and
3. the premises a	re now open for busir	ness (If not expla	in below)	
SIGNED BY:	dividual, Partner or A	uthorized Corpo	rate Officer	
DATE:	TELEPHONE NU	JMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
			(11016. <u>1101</u> mu	ividuai Sociai Security Ivumber)
Acts of 2004, signed by	the building inspect	or and the head	l of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122400030		CITY OR TOWN	SPENCER			
APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013						
	CLASS			YEAR		
LICENSEE NAME: KABOODLE PI	ZZERIA & GRILL, INC	•				
DOING BUSINESS A						
ADDRESS 152 MAIN STREET						
CITY/TOWN: SPENCER	STATE: MA	ZIP CODE:	01562			
MANAGER: SALWA, MOKRIM T	YPE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol		
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM 2600 SQ FT., MAIN ENTRANCE AN CAPACITY 56.			OM, SEATII	NG		
I hereby certify and swear under penalt	ies of perjury that:					
1. the renewed license will be	of the same type for the s	ame premises now	licensed;			
2. the licensee has complied w	ith all laws of the Commo	onwealth relating to	taxes; and			
3. the premises are now open f	or business (If not explain	n below)				
SIGNED BY: Individual, Partr	ner or Authorized Corpor	ate Officer				
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: NOT Ind	IDENTIFICAT			
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liquo	inspector and the head	of the fire departr	nent for the	above named		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY		
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1224	00035		C	ITY OR TOW	N SPENCER	
APPLICATION FOR REN	EWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: ARL DOING BUSINESS A ADDRESS 31 PLEASANT						
CITY/TOWN: SPENCER		STATE:	MA	ZIP CODE:	01562	
MANAGER: LILE, AST	RIT TYPE	OF LICEN	SE:Pourii	ng Permit	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICEN						
ONE AT FRONT-ONE IN INTO DINING ROOM	BACK-ONE ON	I SIDE-WA	LK IN TI	HE BACK THE	RU THE BAR A	AND
3. the premises are SIGNED BY:	now open for bu	·				
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
We the undersigned, atte Acts of 2004, signed by th license and (2) the certific	e building inspe	ector and th	e head o	f the fire depar	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICEN By:	NSING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS YEAR LICENSEE NAME: TURNER'S CATERING SERVICE,INC DOING BUSINESS A CHARLIE'S DINER ADDRESS 5 MEADOW ROAD CITY/TOWN: SPENCER STATE: MA ZIP CODE: 01562 MANAGER: TURNER,STEVEN TYPE OF LICENSE:Restaurant CATEGORY: All Alcoho EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 2100 SQ. FT. OF FLOOR SPACE INCLUDING KITCHEN-FULL HANDICAPPED BATHROOMS FOUR MEANS OF EGRESS	LICENSE NUMBER: 122400036		CITY OR TOWN	SPENCER				
LICENSEE NAME: TURNER'S CATERING SERVICE,INC DOING BUSINESS A CHARLIE'S DINER ADDRESS 5 MEADOW ROAD CITY/TOWN: SPENCER STATE: MA ZIP CODE: 01562 MANAGER: TURNER,STEVEN TYPE OF LICENSE:Restaurant CATEGORY: All Alcoho EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 2100 SQ. FT. OF FLOOR SPACE INCLUDING KITCHEN-FULL HANDICAPPED BATHROOMS	APPLICATION FOR RENEWAL:	PPLICATION FOR RENEWAL: Annual LICENSED FOR 2013						
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EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 2100 SQ. FT. OF FLOOR SPACE INCLUDING KITCHEN-FULL HANDICAPPED BATHROOMS	CITY/TOWN: SPENCER	STATE: MA	ZIP CODE:	01562				
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 2100 SQ. FT. OF FLOOR SPACE INCLUDING KITCHEN-FULL HANDICAPPED BATHROOMS	MANAGER: TURNER, STEVEN TYPE	PE OF LICENSE: Rest	taurant CA	ATEGORY:	All Alcohol			
DESCRIPTION OF LICENSED PREMISES: 2100 SQ. FT. OF FLOOR SPACE INCLUDING KITCHEN-FULL HANDICAPPED BATHROOMS	EMAIL ADDRESS:							
2100 SQ. FT. OF FLOOR SPACE INCLUDING KITCHEN-FULL HANDICAPPED BATHROOMS			AIL ADDRESS		-			
			III I HANDICADD	ED DATUDO	OOMS			
		JUING KITCHEN-FO	ULL HANDICAPP.	ED DATHK(JOMS			
I hereby certify and swear under penalties of perjury that:	I hereby certify and swear under penalties	of perjury that:						
1. the renewed license will be of the same type for the same premises now licensed;	1. the renewed license will be of	the same type for the s	same premises now	licensed;				
	2. the licensee has complied with	all laws of the Comm	onwealth relating to	taxes; and				
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	3. the premises are now open for	business (If not expla-	in below)					
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and3. the premises are now open for business (If not explain below)								
•	SIGNED BY:		0.00					
3. the premises are now open for business (If not explain below) SIGNED BY:	Individual, Partner	or Authorized Corpor	rate Officer					
3. the premises are now open for business (If not explain below)								
3. the premises are now open for business (If not explain below) SIGNED BY:								
3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer	DATE:		EMPLOVED	IDENTIFICATE	JON MANDED			
3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER	DATE: TELEPHON	E NUMBER:						
3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)	IELEPHON		(Note: NOT Ind	ividual Social So	ecurity Number)			
3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the	We the undersigned, attest that we are	in possession (1) the	(Note: NOT Ind	ividual Social So	er 304 of the			
3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)	We the undersigned, attest that we are Acts of 2004, signed by the building ins	in possession (1) the spector and the head	(Note: NOT Ind certificate require of the fire departs	ividual Social S	er 304 of the above named			
3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note: NOT Individual Social Security Number Acts of 2004, signed by the building inspector and the head of the fire department for the above name	We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor	in possession (1) the spector and the head	(Note: NOT Ind certificate require of the fire departs equired by Chapter	ed by Chapto nent for the r 116 of the	er 304 of the above named Acts of 2010.			
3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number (Note: NOT Individual Social Security Number and 12 the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2016 Please Check Below: LOCAL LICENSING AUTHORITY By:	We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor Please Check Below: APPROVED:	in possession (1) the spector and the head	(Note: NOT Ind certificate require of the fire departs equired by Chapter LOCAL LICENS	ed by Chapto nent for the r 116 of the	er 304 of the above named Acts of 2010.			
3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note: NOT Individual Social Security Number and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2016 Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED:	We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	in possession (1) the spector and the head	(Note: NOT Ind certificate require of the fire departs equired by Chapter LOCAL LICENS	ed by Chapto nent for the r 116 of the	er 304 of the above named Acts of 2010.			
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	3. the premises are now open for SIGNED BY:	business (If not explain	in below)	o taxes; and				
		JDING KITCHEN-FU	ULL HANDICAPP.	ED BATHRO	JOMS			
					OOMS			
2100 SQ. FT. OF FLOOR SPACE INCLUDING KITCHEN-FULL HANDICAPPED BATHROOMS	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	AIL ADDRESS		-			
DESCRIPTION OF LICENSED PREMISES: 2100 SQ. FT. OF FLOOR SPACE INCLUDING KITCHEN-FULL HANDICAPPED BATHROOMS	EMAIL ADDRESS:							
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 2100 SQ. FT. OF FLOOR SPACE INCLUDING KITCHEN-FULL HANDICAPPED BATHROOMS	MANAGER: TURNER, STEVEN TYPE	PE OF LICENSE: Rest	taurant CA	ATEGORY:	All Alcohol			
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 122400037		CITY OR TOWN SPENCE	ER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NA	AME: BLACK & V	WHITE LLC		
DOING BUSI	NESS A BLACK &	WHITE GRILLE & PIZZ	ERIA	
ADDRESS 200	6 NORTH SPENCE	R ROAD		
CITY/TOWN:	SPENCER	STATE: MA	ZIP CODE: 01562	
MANAGER:	SNOW, ATHANASIA	TYPE OF LICENSE: Re	estaurant CATEGOR	RY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	Γ OUR WEBSITE AND ENTER YOUR I	CMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
			I ENTRANCE BAR AREA W HEN,PREP ROOM AND ST	
I hereby certify	and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now licensed	;
2. the	licensee has complie	ed with all laws of the Com	monwealth relating to taxes; a	and
3. the	premises are now op	en for business (If not exp	lain below)	
SIGNED BY:	Individual I	Partner or Authorized Corp	orata Officar	
	marviduai, i	ratulet of Addioffzed Corp	orate Officer	
DATE:	TELE	DUONE NUMBED.	EMPLOYER IDENTIF	ICATION NUMBER:
	IELE	PHONE NUMBER:	(Note: NOT Individual Soc	
***				204 641
	_	_	ne certificate required by Ch d of the fire department for	_
	-	_	required by Chapter 116 of	
Please Check Belo	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 122400038		CITY OR TOW	/N SPENCER	
APPLICATIO	N FOR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE N.	AME: BAYBERRY B	OWLING,LLC			
DOING BUSI	NESS A BAYBERRY	BOWLING CENTER			
ADDRESS 33	8 MAIN STREET				
CITY/TOWN:	: SPENCER	STATE: MA	ZIP CODE:	01562	
MANAGER:	PELLETIER, T BERNARD T.	YPE OF LICENSE: Ger pre	neral on mise	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PREM	MISES:			
1 EXIT ON TO NORTHEAST	NDLEPIN BOWLING O HE WEST SIDE, 1 MAI CORNER,AND 1 EXI ATHROOM AND 1 UNI	N ENTRANCE IN FRO Γ ON THE SOUTH EAS	ONT OF THE BUST CORNER. 1	JILDING ON T MEN'S BATHR	HE
I hereby certify	y and swear under penalt	ies of perjury that:			
	renewed license will be	* *	-		
	licensee has complied w			ng to taxes; and	
3. the	premises are now open	for business (If not expla	in below)		
SIGNED BY:		ner or Authorized Corpo	rate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICAT	
Acts of 2004,	rsigned, attest that we a signed by the building 2) the certificate of liqu	inspector and the head	of the fire dep	artment for the	above named
Please Check Bel	ow:		LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI (If disapproved					
(11 uisapproved	u expiaiii)				
DATE:					